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Under the Pa	perwork Reduction Act of 1995	5. no persons are required to Application N		og/878,307		displays a valid OMB control number	
TR	RANSMITTAL	Filing Date	Filing Date June 8, 2001		1		
• • •	FORM	First Named	Inventor	Garth W. Gobeli			
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		Examiner Na	me	Eric F. Winakur		· · · · · · · · · · · · · · · · · · ·	
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission 3/		Attorney Doc	ket Number	5899-A-05			
		ENCLOSURES	(Check all	that apply)		
✓ Fee Tran	smittal Form	Drawing(s)			After	Allowance Communication to TC	
✓ F	ee Attached	Licensing-relate	Licensing-related Papers			al Communication to Board peals and Interferences	
Amendm	ent/Reply	Petition to Conv	*******			al Communication to TC al Notice, Brief, Reply Brief)	
	fter Final	Provisional App	Petition to Convert to a Provisional Application			etary Information	
	ffidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			s Letter	
7	n of Time Request		Terminal Disclaimer			Enclosure(s) (please Identify):	
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Express /	Abandonment Request		·			Exhibit 2 Postcard	
Information	on Disclosure Statement	CD, Number of	CD, Number of CD(s)				
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	SIGNA	TURE OF APPLICA	NT. ATTO	RNEY. O	R AGENT		
irm Name	Cahill, von Hellens & Glazer P.L.C.						
Signature	11/6/~						
rinted name	William C. Çahill						
Date	December 21, 2004 Reg. No. 19,742						
<u></u>	С	ERTIFICATE OF TR	ANSMISSI	ON/MAI	LING		
hereby certify th ufficient postage ne date shown b	e as first class mail in an er	being facsimile transmitted	to the USPTO imissioner for	O or depos Patents, F	ited with the Ur P.O. Box 1450,	nited States Postal Service with Alexandria, VA 22313-1450 on	
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yped or printed	name William C. Cahill	// W//				December 21, 2004	

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Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/878,307 FEE TRANSMITTAI Filing Date June 8, 2001 For FY 2005 First Named Inventor Garth W. Gobeli Examiner Name Eric F. Winakur Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3736 TOTAL AMOUNT OF PAYMENT (\$) 65.00 Attorney Docket No. 5899-A-05 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Cahill, von Hellens &.... Deposit Account Deposit Account Number: 03-0088 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 600 Reissue 150 250 300 200 100 0 0 0 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description <u>Fee (\$)</u> 50 25 Each claim over 20 (including Reissues) 200 Each independent claim over 3 (including Reissues) 100 180 Multiple dependent claims 360 Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) _ - 20 or HP = 00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 00 HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Total Sheets Fee (\$) / 50 = ____ (round up to a whole number) x 00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 00 Other (e.g., late filing surcharge): Terminal Disclaimer 65.00

SUBMITTED BY	. //		
Signature	//////	Registration No. (Attorney/Agent) 19,742	Telephone 602-956-7000
Name (Print/Type)	William C. Carvill		Date December 21, 2004

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